

Application For Temporary/Seasonal Employment

Office use Only

No. _____



We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation.

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Job Applied For

Date of Application

(Please type or print in ink only)

Last Name		First Name		Middle Initial	
(Permanent) Mailing Address	Number	Street	City	State	Zip Code
(Current) Mailing Address	Number	Street	City	State	Zip Code
Telephone Numbers (Permanent)		(Current)		Social Security Number	

You must fully complete this application. In addition, you may include a resume or other related personal qualification information relevant to the job.

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____ What Department? _____

Are you age 18 or over? If NO, provide Date of Birth. _____ ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you legally eligible to work in the United States? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon hire.

On what date would you be available for work? _____

If the job requires a valid driver's license, please complete the information directly below:

Number _____ State _____ ☐ Regular ☐ CDL

List any relatives presently employed by the City of Salina, and state how you are related.

Are you willing to work overtime if required? ☐ Yes ☐ No

Are you willing to work different shifts if required? ☐ Yes ☐ No

Were you in the U.S. Armed Forces? ☐ Yes ☐ No

Have you been convicted of a felony in civilian or military courts within the last 7 years? ☐ Yes ☐ No

(A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.)

If yes, please explain _____

Employment Experience

Start with your present or last job including any military service assignments and complete the below information fully. If you need additional space, please continue on a separate sheet of paper.

Employer	Start date	Your Job Title and Major Duties
Address	End date	
City State	Starting Salary	
Telephone Number Your Supervisor	Ending Salary	
Reason For Leaving		
Employer	Start date	Your Job Title and Major Duties
Address	End date	
City State	Starting Salary	
Telephone Number Your Supervisor	Ending Salary	
Reason For Leaving		

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment, military or other experience.

Park and Recreation Applicants Only

Are you a member of the Salina Softball Umpires Association?

☐ Yes

☐ No

Red Cross Courses

____ CPR

____ First Aid

____ Lifeguard Training Certification

____ Water Safety Instructor's Certification

Certificate(s) issued _____

City

State

Date
Received

Expiration
Date

Education

	High School or GED				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												

List any professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or political affiliation, or other protected status.

References

List three references who are neither related to you nor a former employer

Name

Address (City, State, Zip)

Telephone number

Years Known

Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize complete background investigation, including but not limited to all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date _____

Equal Employment Opportunity Form

The City of Salina has an equal opportunity/affirmative action policy. Knowledge of your race, sex and age is necessary for monitoring the effectiveness of the program. Although you are not required to provide the information requested on this form, your cooperation is appreciated. This form is confidential and will be separated from your application immediately upon receipt.

Name _____ Social Security #- _____ Date: _____

Position applied for: _____

Date of Birth: _____

INSTRUCTIONS: *Place your numbered answer to each question in the space provided.*

_____ A. What sex are you? 1. Male 2. Female

_____ B. Which Racial/Ethnic Group do you consider yourself a member?

1. **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America who are enrolled members of Indian Tribes or are descendants of enrolled members (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.
2. **ASIAN OR PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippines and Samoa.
3. **BLACK:** All persons having origins in any of the Black racial groups of Africa.
4. **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American origin.
5. **WHITE:** All persons having origins in any of the peoples of Europe, including Spain, North Africa or the Middle East.

_____ C. How did you learn about this Job?

- | | |
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| 1. Job Notice (Posted in Human Resources Dept.) | 7. Job Service |
| 2. From a Present City Employee | 8. Human Relations Department Notice |
| 3. As a Current City Employee | 9. Radio |
| 4. Salina Journal | 10. School/University |
| 5. Other Newspaper | 11. Professional Publication |
| 6. Salina Cable Ch. 20 | 12. Internet |
| | 13. Other _____ |